

Case Number:	CM14-0085717		
Date Assigned:	07/23/2014	Date of Injury:	12/13/2010
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male with a reported date of injury on December 13, 2010. The mechanism of injury is not listed. The current diagnosis is lumbosacral disc degeneration. Treatment has included back surgery and two lumbar epidurals on April 25, 2013 and July 16, 2013. The lumbar epidurals were reported to be helpful in relieving pain in the low back and right groin. It is also noted the injured worker has taken eight tablets of Norco within a two to four hour time frame to aid in pain relief. Oxycodone provided no pain relief. According to the physical exam performed on September 04, 2013 the injured worker's musculoskeletal assessment revealed no abnormality. Back surgery was scheduled for September 11, 2013 as an intervention for degenerative spondylolisthesis at L4-5 and significant right leg pain. The surgery consisted of a right side L4-5 hemilaminotomy, partial facetectomy (right side) and decompression of the spinal canal on the right as well as the left side. A prior utilization review decision dated May 02, 2014 resulted in denial of a request for a lumbosacral back brace.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbosacral Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Back Brace, post operative.

Decision rationale: As noted in ODG online, there is no evidence for the efficacy of back bracing and it may in fact decrease mobility: There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. For long bone fractures prolonged immobilization may result in debilitation and stiffness; if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. As such, medical necessity has not been established.